POPULATION
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Asian Parliamentarians to meet on population concerns

LEGISLATORS FROM all over Asia, home to six-tenths of the world's people and half of its annual population growth, will meet in Bangkok this month to consider the policy implications and impact on socio-economic development of population concerns, and to discuss what they can do.

The Third General Assembly of the Asian Forum of Parliamentarians on Population and Development will convene in the Thai capital on 15-18 October. The assembly is the most recent in a chain of events that began with the UNFPA-sponsored International Conference of Parliamentarians on Population and Development held in Colombo, Sri Lanka, in 1979.

Asia has an estimated population of 3.09-3.14 billion people. Although the continent's population growth has slowed from around 2.2 per cent per year in the 1960s to 1.8 per cent in the late 1980s, growth in numbers of people remains a pressing concern because of its large population base. Asia encloses six of the world's ten most populous countries.

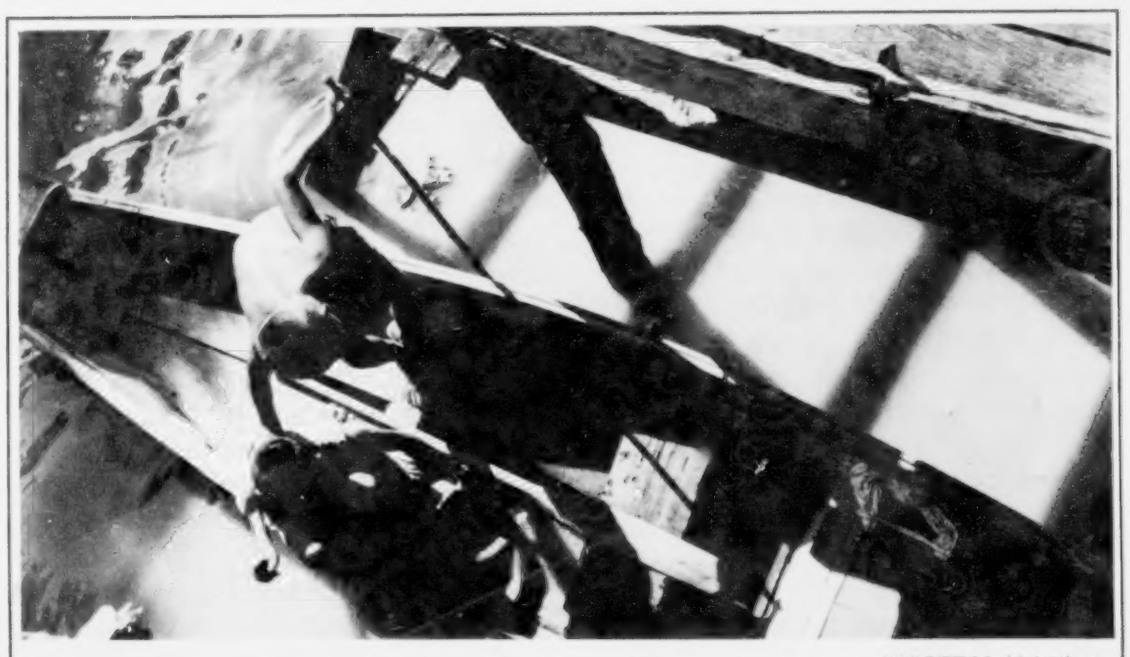
There are four major topics on the agenda of the Bangkok assembly:

- population, environment, and sustainable development;
- population and health, including maternal and child health care and family planning;
- the role and status of women; and
- aging and youth dependency.

About 200 participants, including legislators, administrators, and academicians from 30 countries were invited to the assembly, as well as representatives of international and non-governmental organizations.

Organized by the Asian Forum, as the Asian legislators' body is commonly known, in collaboration with UNFPA and the Global Committee of Parliamentarians on Population and Development, the assembly is being supported by the International Planned Parenthood Federation and the Asian Population and Development Association. It is being hosted by the Thai Local Organizing Committee, the Thai Parliamentary Group on Population and Development, the Ministry of Public Health, the Human Resource Institute, the Institute of Population and the National Social Economic Board.

Prime Minister Chatichai Choonhavan of Thailand is slated to open the assembly at Parliament House. Guest speakers include UNFPA Executive Director Nafis Sadik, Takeo Fukuda, former Prime Minister of Japan and current President of the Global Committee of Parliamentarians on Population and Development, and Van Chansue, president of the Thai National Assembly.



UNICEF/M. Vajrathon

Two children in a boat on Bangkok's lattice-work of klongs, *or canals. The Thai capital is the venue for the Third General Assembly of the Asian Forum of Parliamentarians on Population and Development, to be held on 15-18 October.*

Conceived as a result of the Asian Conference of Parliamentarians on Population and Development held in Beijing in 1980, the Asian Forum was formed in 1982. Since then, the Asian Forum has promoted co-operation among parliamentarians in the region; encouraged the formation of national parliamentary groups on population and development; and supported the organization of regional meetings of parliamentarians at least once every three years, as well as periodic international meetings. The United Nations International Conference on Population, held in Mexico City in 1984, specifically called on UNFPA to continue its support for parliamentarians' activities in this field. □

Child spacing championed by Somalia conference

SOME 122 OF every thousand Somali babies die before reaching their first birthdays. Eleven of every thousand Somali women die from causes related to childbirth. These are among the highest infant and maternal mortality rates in the world.

Against this backdrop, the National Conference on Islam and Child Spacing was held in July in Mogadishu, the capital of the Somali Democratic Republic.

Religious leaders and scholars, doctors, national planning officials and population programmers were among the participants at the conference, which was co-sponsored by the Government, UNFPA and the United States Agency for International Development. The conference was organized by the non-governmental Somali Family Health Care Association, the International Islamic Centre on Population Studies and Research based at Al-Azhar University in Egypt, and IMPACT (Innovative Materials for Population Action).

"There might be some people who, because of their limited knowledge on the teachings of Islam, view child spacing as something wrong or contrary to the religion," Prime Minister Mohamed Ali Samatar said in his opening speech. "I want to state that it is the right thing to give time and a chance to the mother to recover and gain strength between pregnancies. [This] will also allow the child to grow and develop."

The conference concluded that child spacing through contraception should be promoted. A variety of possible methods were discussed: traditional methods, such as withdrawal, sex without intercourse, and breastfeeding; natural methods such as abstinence; and modern methods including condoms and oral contraceptives, among others.

In their speeches, the theologians and officials from the Government, non-governmental organizations, and donor

(*Continued on page 4*)

Asians' life expectancy up despite diseases and illiteracy

THE AVERAGE Asian is living longer as infant mortality and crude death rates fall, according to the United Nations Economic and Social Commission for Asia and the Pacific's (ESCAP) 1989 *Economic and Social Survey of Asia and the Pacific*. However, millions remain malnourished and illiterate and inadequately served by health facilities.

In most Asian and Pacific countries, the average new-born can now expect to live at least to the age of 60. During 1980-87, average life expectancy in Indonesia and Nepal rose by seven years. India, Malaysia and Myanmar followed with a six-year increase each. Hong Kong has the highest life expectancy, 74 years, followed by Singapore, 73, and Malaysia, 70.

Infant mortality and crude death rates fell in all Asian and Pacific developing countries during the 1980s, according to the ESCAP survey, which was released in June. Infant mortality rates fell most dramatically in Iran and Papua New Guinea, from 108 per thousand live births to 65, and from 105 to 62, respectively. Crude death rates, considered a less accurate indicator of prevailing health conditions than infant mortality, fell to below 10 per thousand in 11 countries.

Improved living conditions and expanded health facilities partly account for these improvements. But communicable diseases remain widespread, and female literacy, which dramatically improves infants' chances of survival, continues to lag.

Infectious diseases claimed more than two-thirds of mortality and morbidity in Bangladesh, India, and Pakistan, and were the main cause of death and frequent illness in the Pacific, ESCAP reports.

Female literacy continues to lag in most of the region: female illiteracy is at least one and a half times higher than male illiteracy, except in the Philippines, where literacy rates are equal. The number of Asians who cannot read or write is growing, says ESCAP. In 1985, there were some 618 million illiterates, 70 million more than in 1970. □

Population in Japan, host of aging conference, is graying rapidly

THE POPULATION of Japan—where an international conference on aging will be held this month—is growing at its slowest rate since World War II. And it is aging faster than any other industrialized country's people, demographers say.

The number of Japanese, currently estimated at 123.5 million, is projected to rise to 131 million by the year 2010. But the working-age population—the number of people aged 15-64 years—is projected to shrink by about 3 million people in the same period, from the current estimate of 86.1 million to 83.1 million. The median age is expected to rise from 37.2 years at present, to 41.6 in the next 20 years, according to United Nations figures.

Recently released government statistics show that Japan's population grew by 470,000 during 1989-90, 0.04 percentage points lower than the growth for the previous year, Inter Press Service reports.

The new statistics show that the proportion of young people has been decreasing at a roughly consistent rate since World War II, and now stands at about 18.8 per cent. At the same time, the share of those aged 65 and above has been growing steadily to reach 11.6 per cent.

Japan conducts a census every five years, but population estimates are compiled by the government's management and co-ordination agency every year based on birth and death data.

Demographers say Japan's population is aging at a more rapid pace than any other industrialized country's. The proportion of people older than 65 is expected to increase to 16.3 per cent by the year 2000, and to reach about 25 per cent by 2040. Even among the aged, experts say, the "old-old" group of people more than 75 years old is expected to increase faster than the 65-74 age group. In 1985, nearly 40 per cent of the people above 65 were in the "old-old" category. They are expected to account for nearly 60 per cent of the over-65 age group by the year 2028.

Birth rates in most industrialized countries have fallen below replacement level. According to UNFPA, the fertility rate in Western Europe is now down to 1.58 per cent and only immigration prevents population decline in countries like Denmark, Sweden, Austria and the Federal Republic of Germany.

Japan's fertility rate is 1.65 per cent and experts predict that by the end of the century, its proportion of people above 65 will be equivalent to Sweden's. By the first decade of the next century, Japan's proportion of people older than 65 is expected to be higher than any other country in the world.

An international conference on Aging Populations in the Context of the Family will be held in the southern Japanese city of Kita-kyushu on 15-18 October. The conference, jointly sponsored by the United Nations Population Division, the Japan Aging Research Centre, and the city of Kita-kyushu, will explore aspects of population aging and the evolution in patterns of family life that accompany it. For more information, contact: Office of the Director, United Nations Population Division, Department of International Economic and Social Affairs, 2 U.N. Plaza, New York, NY 10017. □

UN/Doranne Jacobson

An elderly woman and a young girl at the Meiji shrine in Tokyo. Demographers say Japan's population is aging faster than any other industrialized country's.

Preparations under way for 1992 environment, development conference

POVERTY—WHAT Indira Gandhi once called "the greatest polluter"—was at the centre of discussion at the first session of the Preparatory Committee for the 1992 United Nations Conference on Environment and Development (ECO '92), held during August in Nairobi, Kenya.

Delegates to the preparatory committee were charged with deciding what action could be taken on development and environmental strategies on the agenda of ECO '92.

The final resolution of the preparatory committee calls for special attention to be given to a wide range of economic and social factors, including "the relationship between demographic pressures and unsustainable consumption patterns and environmental degradation."

Delegates' statements at the Nairobi meeting reflect a growing awareness that the poor not only suffer disproportionately from environmental damage caused by the affluent, but are themselves a major cause of ecological devastation because they have been pushed onto marginal land by population growth, and by inequitable internal and international trade and development patterns.

ECO '92 Secretary-General Maurice Strong said redressing the imbalance between rich and poor countries is the key to developing countries' ability to "revitalize their economies on the basis of sustainable development and to join fully in co-operative action to ensure a common future."

United Nations Environment Programme Executive Director Mostafa K. Tolba said the areas demanding attention included "immediate debt write-off, a fairer trading system, stable commodity prices, a decent target in per capita incomes and real popular participation."

"Poverty and the environmental degradation that it fuels has not eased but has, if anything, sharply worsened since Stockholm [site of the 1972 UN Conference on the Human Environment]," said United Nations Centre for Human Settlements (Habitat) Executive Director Arcot Ramachandran. "No solution to the problem of the environment is possible that does not specifically address the everyday needs of people."

Every second, there are three more people in the world whose everyday needs must be addressed—including food, shelter, and energy. As UNFPA Information and External Relations Division Deputy Chief Stafford Mousky said in Nairobi: "Devastation of the earth's environment—from ever-increasing numbers of people, ever-increasing demands for resources, and ever-increasing pollution—has reached crisis level. Only action to achieve a sustainable balance between human populations and their use of resources holds out the hope of reversing the trend."

The second and third substantive meetings of the Preparatory Committee have been scheduled for, respectively, 18 March-5 April and 12-30 August 1991. ECO '92 will be held in Rio de Janeiro on 1-12 June 1992. □

A "poisoned inheritance": The environment and children

THE ALTERNATIVE TO slowing population growth, attacking poverty, and protecting the environment, the 1990 *State of World Population* Report warned, "is to hand on to our children a poisoned inheritance."

The poisoning starts before birth, in the form of environmental hazards that invade the womb, according to *Children and the Environment*, a report issued in June by the United Nations' Environment Programme (UNEP) and Children's Fund (UNICEF).

The report, launched on World Environment Day (5 June), says that "even in the relatively sheltered environment of the mother's uterus, the developing baby is far from completely protected. . . the environment to which a pregnant woman is exposed has a marked effect on the development of the embryo and foetus."

Environmental dangers include chemical pollutants in the atmosphere such as lead or mercury passed through the placenta. And there are toxic substances taken into the body by the mother, such as tobacco and alcohol. The results of exposure range from low birth weight, birth defects and brain damage, to infant death.

The report notes that foetuses and children are far more vulnerable than adults to environmental problems because of different breathing patterns, nutritional needs, and behaviour.

Between 5 and 10 per cent of all birth defects are caused by four types of pollutant infiltration: radiation, viruses, drugs, and chemicals. They reach the foetus either through the environment in which the mother breathes, or from substances she ingests.

Pesticides, toxic chemical by-products, and carbon monoxide from automobile exhaust all can be passed through the placenta.

Carbon monoxide is especially dangerous: its concentration in the foetus is 10-15 per cent higher than in the mother. Relatively small amounts can significantly reduce the blood's ability to carry oxygen, in turn increasing the risk of loss of foetal weight, perinatal mortality, and brain damage.

A particularly disturbing trend, as the *State of World Population* Report pointed out, is the world automobile boom: the number of cars is expected to grow twice as fast as world population over the next 20 years.

These problems are growing. There are already more than 1.7 billion children under the age of 15 years—32 per cent of the world's population. More than 82 per cent of these children live in the developing world, much of which is now declining economically, according to the UNFPA report. It states: "Both children and the environment are bearing the brunt of this [economic] reversal."

In the 1990s, another 1.5 billion babies are expected to be born—Earth's largest generation.

Pointing out that women would on average have 1.4 fewer children if they were able to decide their family's size, *Children and the Environment* observes: "population growth, poverty, and reproductive environment are linked—progress cannot be made in any one area unless progress is made in all." □

Health centre in Ethiopia provides a glimpse of UNFPA programme

ATSEDE HAS BEEN walking for more than two hours, her youngest baby on her back. Several women in her village have told Atsede that at the Feres Bet Health Centre the baby can be inoculated, thus improving its chances of survival. Atsede recently buried her last child, so she is anxious to follow the advice of her neighbours.

The Feres Bet Health Centre was built as part of a UNFPA project aimed at expanding maternal and child health care and family planning services in Ethiopia.

The centre lies in West Gojjam province, in an isolated, fertile area far from the main highway (see map). Three nurses, nine health assistants, and one sanitarian work in this modern, concrete building. Their purpose is to bring primary health care to the countryside. The main staff are supported by eight community health workers who are stationed in the surrounding villages.

By the time Atsede arrives at Feres Bet, the health education session has begun. About 35 people—men with canes, women nursing babies at their breasts—are gathered on benches in the open air.

Atsede joins them. All listen attentively to the speaker.

"With children, it is like maize seeds," he begins. "If maize is planted too close together, the plants will grow up weak. If it is planted the correct distance apart, the plants grow up strong. It is the same with children. You should space them by using family planning until the first child is at least two years old."

The topic of discussion varies daily: the advantages of vaccination, post-natal care, how to practice better personal hygiene, how to nourish children and how family planning can improve the overall health of women and welfare of families.

Between 20 and 50 people come to the health centre every day in search of medical help, says nurse Hussein Ahmed, the head of the centre. He is young, like most of the personnel here.

Ethiopia has only recently begun to place emphasis on improving the country's health services, and it has done so by training a large number of health personnel. The first generation of graduates are now in the field, and this is Hussein Ahmed's first assignment as the head of a centre.

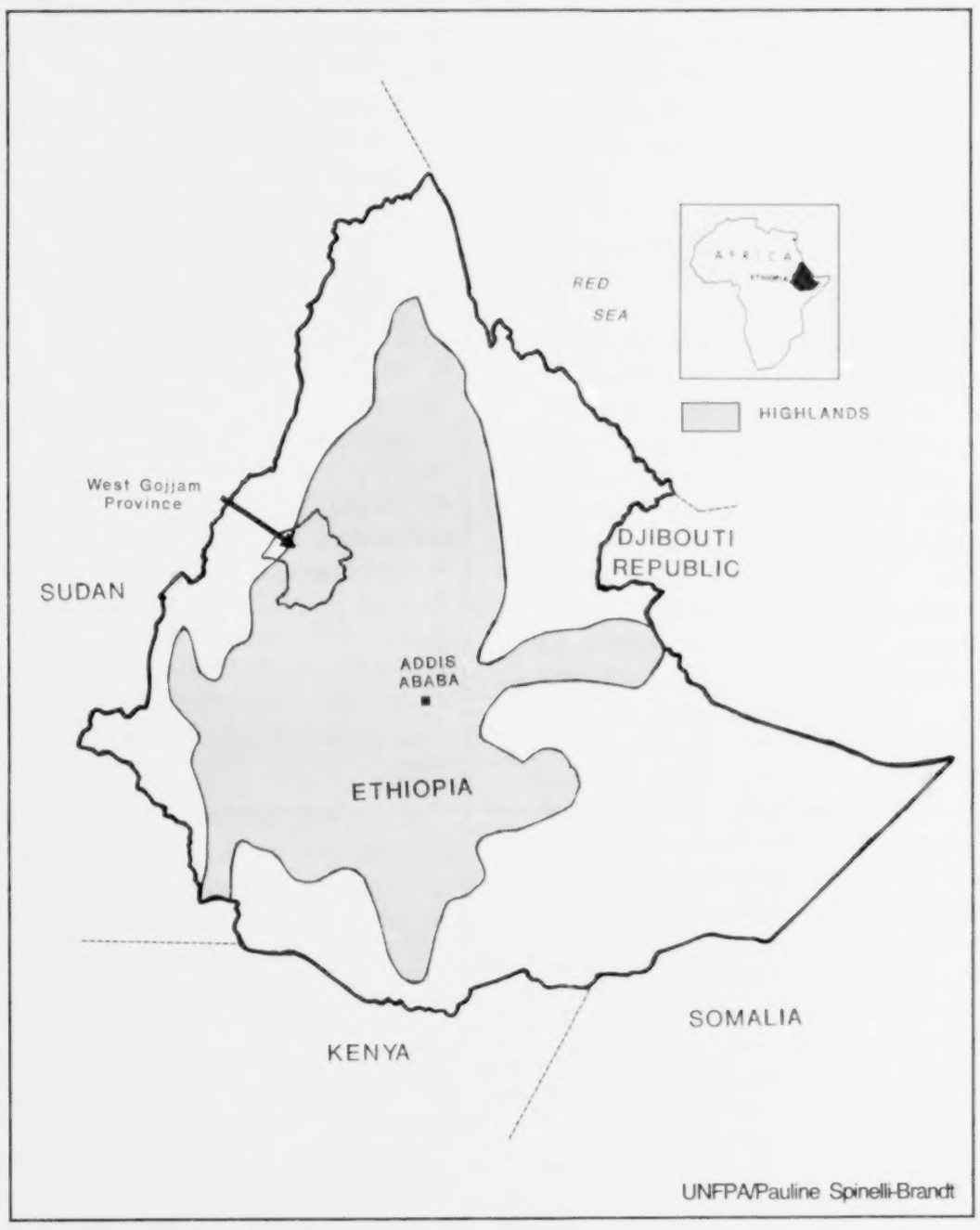
In the beginning, few people came to the centre, which was designed to serve the 35,000 people who live up to 10 kilometres away. Local residents were reluctant to leave the traditional healers on whom the community had relied for centuries.

Health education, which is a basic strategy for the development of primary health care throughout the country, became the means for Feres Bet to change people's attitudes. Health workers went out into the villages with loudspeakers to address local civic groups.

The effort proved effective. Demand for the centre's services increased considerably. However, many patients still try various traditional cures first, and often don't make it to the centre until their medical condition is highly aggravated.

Tuberculosis, venereal and skin diseases, parasite infestation, and diarrhoea are the diseases most prevalent in this district. Most of them can be cured at the centre if the appropriate medicine is available. But drugs are often in short supply.

Regional and district health offices are responsible for implementing primary health care. They supervise the health centres, organize the distribution and supply of pharmacological products and medical kits, and ensure the flow of information.



UNFPA/Pauline Spinelli-Brandt

At Feres Bet, family planning services are provided twice a week by a nurse who has undergone special training. Before Sister Abebaye began working at the centre, only four women had asked for contraceptives. Within six months of her arrival, Abebaye had more than 130 clients. Ninety per cent of them used the pill, and although the nurse is trained to insert intra-uterine devices (IUDs), only six women have so far agreed to use them.

Although venereal diseases are reportedly widespread, the condom is not a popular device. Only about twenty men come to Feres Bet to get their monthly supply of twelve. Prostitutes, who are pioneers in using other contraceptives, do not demand condoms, mainly because their clients refuse to use them.

In rural areas, divorced women often earn a living from prostitution because, having been expelled from their husbands' homes, they are usually not accepted as tenant farmers. So they move to larger villages and start serving at bars.

Sister Abebaye was born in this area, and she can understand why many people hesitate to ask for contraceptives. She says people don't talk openly about sex or birth control because it is simply not a part of their culture.

This article was adapted from UNFPA in Ethiopia, *a booklet produced by UNFPA Country Director M. Nizamuddin to mark the Fund's twentieth anniversary in 1989. Copies are available from: UNFPA Country Director (Ethiopia), P.O. Box 5580, Addis Ababa, Ethiopia.* □

UNFPA Addis Ababa reports on population situation in Ethiopia

ETHIOPIA'S POPULATION is swelling by more than a million people each year. With the number of Ethiopians expected to exceed 50 million this year, the country's population growth is outstripping forecasts of economic growth.

The ranks of the children and adolescents are growing the fastest. Already, more than half the population is "non-productive": 48 per cent of all Ethiopians are younger than 15 years old, and another 4.6 per cent are older than 65.

The burgeoning number of people is endangering efforts to conserve Ethiopia's dwindling natural resources, as well as impeding the Government's efforts to improve health and education services. Against this backdrop, the Government is putting the finishing touches on its population policy, which will serve as a basic framework for ongoing and future population activities.

The results of Ethiopia's last census, taken in 1984 with UNFPA assistance, surprised demographers by revealing 8 million more people than anticipated—or a total population of 42 million. By 1989, that number had multiplied to about 49 million. With a yearly growth rate of 2.9 per cent, there will be about 1.5 million more Ethiopians in 1990.

This pace of growth will double Ethiopia's population in 23 years—bringing it to 100 million people by the year 2013.

On average, 39 people live on each square kilometre of Africa's eighth largest country. But 85 per cent of Ethiopians live on the highland plateaus, preferred for their pleasant climate and absence of malaria (see map).

But overpopulation by people and livestock, especially in the more developed north, has led to life-threatening environmental degradation. Erosion caused by deforestation is Ethiopia's most severe environmental problem. The highlands have been denuded of trees, which present the main source of fuel. The ensuing erosion has drastically reduced crop yields, making it difficult for highland inhabitants to feed themselves.

The last census confirms the visitor to Ethiopia's instinct that this is a rural nation, and that it is therefore highly dependent on its agrarian potential.

According to the 1984 census, 88.1 per cent of Ethiopians live in rural areas. Some 1.7 million people, nearly one-third of the country's urban dwellers, live in Addis Ababa. None of Ethiopia's other cities has a population more than one-fourth the size of the capital's.

Ethiopia's infant mortality rate is one of the highest in the world: between 137 and 172 of every thousand children die before their first birthday. The rate of infant deaths grossly exceeds adult mortality, reflecting the extreme vulnerability of infants and children in a society where maternal and child health-care services remain largely inadequate.

Pregnancy is very risky in Ethiopia. Twenty out of every thousand women die from complications in childbirth—one of the world's highest rates. Poor nutrition, early or frequent pregnancy, and pelvic venereal diseases feature among the common causes of death.

There are also cultural factors. Virtually every woman in Ethiopia marries, almost always early in her reproductive life. Teenage mothers account for 82 per cent of all first births in rural areas.

The average Ethiopian woman bears 7.5 children during her reproductive years, and there are no real indications that fertility will decline. Few measures have been taken in the past to manage fertility, to provide family planning services, or to sensitize people to population and sex education issues.

Ethiopia's population situation places a high premium on the Government's efforts to finalize and launch the country's population policy. The mothers of the future have already been born, and it is for them that strengthened family planning programmes need to be developed.

This article was adapted from UN Newsletter, *a publication of the UN Emergency Prevention and Preparedness Group in Ethiopia. For more information, contact: UNFPA Country Director (Ethiopia), P.O. Box 5580, Addis Ababa, Ethiopia.* □

Dispatches tell of more World Population Day events

REPORTS OF EVENTS marking World Population Day—11 July 1990—continue to arrive at UNFPA headquarters in New York. They tell of parades and popular rallies, commemorative postage stamps, high-level national seminars, and a host of other activities. And in many countries, food baskets and other gifts were presented to the mothers of children born on 11 July.

In all, more than 100 countries observed the first of what will now be an annual event, a day on which "to remind ourselves that population is a global issue," as UNFPA Executive Director Nafis Sadik put it.

Many countries held essay competitions for schoolchildren, on population and related topics. In Jamaica, 14-year-old Hope Fisher won first prize in the 12-15 age group for her essay, "Overpopulation in Jamaica: The Problem and its Solutions."

Hope wrote: "The disastrous consequences that failure to combine population and development plans portends for the human race and the natural environment can be averted by the proper education of the population, beginning in schools, on the relationship between population growth and economic development and the importance of family planning. Time is a luxury we do not have. Urgent action is required now, to ensure a reasonable quality of life and a stable and secure island for a child born today."

Commemorative stamps, post cards, or rubber stamps for stamp cancellation were produced in Botswana, Gambia, Thailand, and elsewhere.

In Bangladesh, as in China, Papua New Guinea, Swaziland, and elsewhere, parades, outdoor rallies, and special musical performances attracted thousands in capital and other major cities. In Cape Verde and other countries, the festivities included dance competitions.

In Tanzania, students of the Karatu Secondary School in Dar Es Salaam attracted special attention by performing a play depicting the effects of repeated pregnancies on the health of women. The play was videotaped, and is being shown around the country.

President Zine El Abidine Ben Ali of Tunisia presented awards to the three *gouvernorats*, or city-states, which had been most successful in promoting family planning. In Indonesia, meanwhile, a new family planning and health centre was inaugurated on World Population Day, with an official ceremony and a day-long festival in one of Jakarta's sub-districts.

Observances in virtually all countries included special broadcasts ranging from films including the UNFPA-produced "Population: The Challenge Ahead", to local documentaries and radio interviews with population officials, including UNFPA Country Directors. In addition to those reported in the July issue of *Population*, countries reporting special broadcasts include: Angola, Bangladesh, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, China, Congo, Ecuador, El Salvador, Fiji, Gabon, Guinnea-Bissau, Guyana, Hong Kong, Hungary, Indonesia, Iraq, Jamaica, Kenya, Korea, Laos, Lesotho, Madagascar, Malawi, Mozambique, Panama, Paraguay, Portugal, Romania, Saint Vincent and the Grenadines, Senegal, Sierra Leone, Somalia, Soviet Union, Sri Lanka, Sudan, Swaziland, Syria, Thailand, Trinidad and Tobago, Turkey, Uganda, and Zimbabwe.

And the latest countries to report national conferences, seminars, workshops, or similar assemblies on population issues on 11 July include: Angola, Botswana, Burkina Faso, Burundi, Comoros, Ecuador, Guatemala, Jamaica, Malawi, Mozambique, Panama, Paraguay, Senegal, Tanzania, and Thailand. □

Latest staff changes at UNFPA

IN ADDITION to the changes listed in *Population*, May 1990, UNFPA has announced the following assignments and reassignments, and their effective dates, under the 1990/1991 Staff Reassignment Plan:

- Saida Belas-Gianou—Programme Officer, Division for Arab States and Europe (1 January 1991)
- Carolyn Benbow—Country Director, Malawi (1 January 1991)
- Arlette Campbell-White—International Programme Officer, Tanzania (1 October 1990)
- Erlinda Carlos—Personnel Officer, Personnel Branch, Division for Finance, Personnel and Administration (February 1991)
- Hans De Knocke Van Der Muelen—Country Director, Sri Lanka (1 October 1990)
- Omer Ertur—Country Director, Nepal (1 January 1991)
- Gerardo Gonzalez—Senior Technical Officer, Population Data, Policy and Research Branch, Technical and Evaluation Division (1 January 1991)
- Li Hoi F. Gregory—Evaluation Officer, Evaluation Branch, Technical and Evaluation Division (1st Quarter 1991)
- Audun Gythfeldt—Chief, Library and Population Information Services Unit, Programme Co-ordination, Management and Field Support Office (1 November 1990)
- Nobuko Horibe—International Programme Officer, China (1st Quarter 1991)
- Vernon Mack—Chief, Resource Development Unit (1 November 1990)
- Sheila Macrae—Country Director, Zimbabwe (1 June 1991)
- Satish Mehra—Chief, East and South East Asia Branch, Asia and the Pacific Division (1 November 1990)
- Bill Musoke—Country Director, Namibia (1 September 1990)
- Mohammed Nizamuddin—Chief, Population Data, Policy and Research Branch, Technical and Evaluation Division (1 January 1991)
- Henna Ong—Chief, Personnel Branch, Division for Finance, Personnel, and Administration (1 November 1990)
- Vivien Ponniah—Chief, Training and Co-ordination Unit, Programme Co-ordination, Management and Field Support Office (1 November 1990)
- Sethuramiah Rao—Country Director, Ethiopia (1 January 1991)
- Juan Santiago—Deputy Chief, Evaluation Branch, Technical and Evaluation Division (1 November 1990)
- Sabiha Syed—Country Director, Thailand (1 November 1990)
- Jennifer Yap—Administrative Officer, Administrative Services Unit, Administrative Branch, Division for Finance, Personnel and Administration (February 1991)

In addition, effective 20 August 1990, the designations of the Deputy Executive Director and the Assistant Executive Director of UNFPA were changed to Deputy Executive Director, Policy and Administration, and Deputy Executive Director, Programme. The positions are held, respectively, by Mr. Katsuhide Kitatani and Mr. Joseph Van Arendonk. □

Somalia conference on child spacing

(Continued from page 1)

agencies expressed not only support for child spacing but also the need for a population policy to further promote maternal and child health (MCH) and to deal with all kinds of population-related issues in Somalia.

UNFPA Country Director in Somalia Ahmadu T. Fadlu-Deen emphasized the importance of clarifying "the various interpretations and, in some cases, misinterpretations of what Islam says about many aspects of population, child spacing, and family planning" as a basis for designing "appropriate measures to be adopted to assist the Government in formulating a population policy to enhance its development efforts."

In addition to the religious dimensions of child spacing, participants in the two-day conference discussed population trends in Somalia and the health and social implications of reproduction. The conference formed part of the UNFPA-sponsored regional project on Population in the Context of Islam which is being executed by the Al-Azhar University centre on Islam and population studies.

Somalia's UNFPA-assisted MCH/child spacing project aims to improve and expand MCH services and to integrate child spacing into primary health care. Traditional birth attendants (TBAs), who deliver the overwhelming majority of Somali babies, are being trained, and a quick-reference TBA training manual has been published in Somali by the World Health Organization and UNFPA.

Al-Azhar University has agreed to publish the proceedings of the 16-18 July Mogadishu conference, first in Arabic, and later in Somali and English. For more information, contact: International Islamic Centre on Population Studies and Research, Al-Azhar University, 11651 P.O. Box 1854, Cairo, Egypt. □

New performance appraisal review system being launched

UNFPA'S NEW Performance Appraisal Review (PAR) system for all field and headquarters staff will become effective on 1 January 1991, Fund Executive Director Nafis Sadik announced in New York.

Responsibility for implementing the new system rests with the Personnel Branch of the Division of Finance, Personnel and Administration (DFPA). The Programme Co-ordination, Management, and Field Support Office (PCMFSO) began its training programme for the new performance appraisal system in late August.

"The new system seems to be designed to make better supervisors," one participant in the first of the two-day training workshops observed. He added that the new system stressed the importance of dialogue between managers and staff members.

Dr. Sadik underscored these themes in a memorandum to UNFPA Representatives, Country Directors, and field and headquarters staff, thus: "For the successful implementation of the PAR system, special responsibility will rest with those staff members who are assigned managerial/supervisory tasks. To allow for the optimum level of staff performance, the UNFPA manager must develop an effective team approach, provide leadership and clear direction, and give prompt and frank feedback.

"UNFPA staff are the organization's greatest asset and, therefore, deserve a human resource management system that recognizes performance and allows development at full potential," Dr. Sadik said. "The new PAR system is expected to facilitate the achievement of this major objective."

Guidelines for the new system and detailed schedules of training workshops are being shared with all UNFPA staff. For more information, contact: Personnel Branch, DFPA, or PCMFSO, at UNFPA headquarters in New York. □

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